

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							FORM 110	FILED DATE		
							APPLICANT(S)			
							C. FEE			
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1									51	
2									52	
3									53	
4									54	
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43									93	
44									94	
45									95	
46									96	
47									97	
48									98	
49									99	
50									100	
TOTAL IND.	1								TOTAL IND.	
TOTAL DEP.	4								TOTAL DEP.	
TOTAL CLAIMS									TOTAL CLAIMS	